

**FOSTER CITY TOURNAMENT BASEBALL**  
**Memorial Day 8U/9U Tournament**  
**May 25 – May 27, 2019**

**TEAM ROSTER / WAIVER RELEASE FORM**

	Player #	Name	Address	City	Zip	Phone	Parents Signature
1							
2							
3							
4							
5							
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7							
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10							
11							
12							
13							
14							
15							

**Team Name:** \_\_\_\_\_

**Manager:** \_\_\_\_\_

**Manager's Address:** \_\_\_\_\_

**Manager's Cell Phone #:** \_\_\_\_\_

**E-MAIL Address:** \_\_\_\_\_

By affixing my signature to the team roster, I declare that all of the information above is verified and correct. I further agree to indemnify and hold harmless the City of Foster City Estero Municipal Improvement District 2 and the Foster City Tournament Baseball Tournament volunteer organizers from any injury or liability which results, or is alleged to have resulted from my participation in this program, including any damage to my vehicle as a result of a thrown or batted ball leaving the playing area. I also acknowledge that the children on this team all have his/her own insurance coverage.